

Minutes of the Public Meeting of the Trust Board
26th September 2023, 9.30am-1.30pm – NSPCC Training Centre

Present:

Crishni Waring, Chair
 Faisal Hussain, Non-Executive Director/Deputy Chair
 Ruth Marchington, Non-Executive Director
 Josie Spencer, Non-Executive Director
 Alexander Carpenter, Non-Executive Director
 Hetal Parmar, Non-Executive Director
 Liz Anderson, Non-Executive Director
 Angela Hillery, Chief Executive
 Sharon Murphy, Director of Finance
 Dr Saquib Muhammad, Acting Medical Director
 Dr Anne Scott, Director of Nursing AHPs and Quality

In Attendance:

Jean Knight, Managing Director/ Deputy Chief Executive
 Sam Leak, Director of Community Health Services
 Tanya Hibbert, Director of Mental Health
 Helen Thompson, Director Families, Young People & Children Services and Learning Disability Services
 Sarah Willis, Director of Human Resources & Organisational Development
 Kate Dyer, Acting Director of Governance
 David Williams, Director of Strategy and Partnerships
 Paul Sheldon, Chief Finance Officer
 Kamy Basra, Associate Director of Communications and Culture
 Sonja Whelan Corporate Governance Coordinator (Minutes)
 Ola Fatuga (observing as part of We Nurture programme)

TB/23/128	<p>Apologies for absence: No apologies were received.</p> <p>Welcome: Professor Elizabeth Anderson was welcomed as the new NED representing the University of Leicester.</p> <p>The Trust Board Members (Paper A) This diagram introduced the Trust Board Members for Leicestershire Partnership NHS Trust (LPT)</p>
TB/23/129	<p>Patient and Staff Voice – DMH - Psychosis Intervention & Early Recovery (PIER) Team In attendance for this item were Omar Abdullah (patient in the PIER team); Judy Eggett (Clinical Team Lead, PIER Team); Eleanor Smith (peer support worker, PIER Team); Dave Hunt (Team Manager, PIER & Employment Support); Stacey Eames (Clinical Team Lead, PIER Team) and Rosie Klair (Service Manager Specialist Mental Health Services).</p>

A presentation was shared with the Board which introducing the PIER Team. The PIER team offer help to people aged 14-65 years who are experiencing their first episode of psychosis and also provide support to the service user's family and carers. The team works intensively with people for up to 3 years and offers a range of support such as psychological and pharmacological therapies, carer support and family therapy.

Omar Abdullah described his experience as a patient on the PIER team. He explained the background to his diagnosis and the number of contacts with the NHS over the previous 3 years. He described both the positives and negatives of his experience and advised that a high percentage of his NHS contacts did not add value. In contrast, he felt that his interaction with the PIER team had been very positive and had helped enormously with his own journey, with the 'soft skills' (listening, asking if okay, empowerment around treatment) being key.

Audio clips were shown during the presentation which described incredibly positive feedback from patients who all had a good experience of the PIER team and felt supported and understood on their recovery journey and were looked after and empowered to understand their illness. The Family and Friends Support Group was described as helpful and supported education on different types of psychosis and how to identify and understand early signs of relapse. Student feedback was also positive as they felt engaged and part of the team.

The team were very proud of the Early Intervention and Psychosis Services (EIP) adventure therapy - with activities such as sailing and hiking trips. The National Clinical Audit of Psychosis (NCAP) outcomes were shared highlighting the difference between the 2021-22 result 'Needs Improvement' to the 2023 result 'Performing Well' – this was a huge achievement, but it was also noted that improvement was still required.

Eleanor Smith (peer support worker) described her experience being a service user and how her lived experience had helped in her role as peer support worker supporting other patients. She felt valued by the team with her supervisor supporting her through difficult times; her ideas and contributions were valued, and she was never treated differently. PIER was a safe place, and she was grateful for the support she had received both as a service user and as a valued member of staff.

Finally, Judy Eggett described her experience saying that the PIER Team Manager was supportive and understanding and championed team diversity and developing staff. The PIER team run an in-house staff group where training sessions are developed, staff feel valued, supported and listened to and where learning and education is shared for the ultimate benefit of service users.

Anne Scott thanked the team for their presentation, in particular to Omar and Eleanor for being so brave presenting at Board.

Great leadership and culture within a team had been demonstrated within this presentation and Ruth Marchington asked if the team were able to share with others across LPT. In response, the team confirmed different forums were already in place to do this and they had good relationships with other teams; working with each other, rather than against each other. In addition, a lot of sharing would happen through implementing the outcomes of transformation. Reflecting back on the service and its data, Saquib Muhammad asked how it compared with the short, medium and long-term outcomes on dealing with untreated psychosis and if there were any figures available. Rosie Klair, Service Manager, did not have the information readily available but would

	<p>advise outside of the meeting.</p> <p>The Chair thanked the team on behalf of the Board for sharing their inspirational insight which showed great leadership and culture, stressing the importance of capturing and sharing their learning across the rest of the organisation.</p>
TB/23/130	<p>Declarations of Interest Report (Paper B)</p> <p>No further declarations of interest were received in respect of items on the agenda.</p> <p>Resolved: Trust Board received the paper and noted the declarations of interest contained within, noting the pending declarations, due to technical issues, for both the Chair and Liz Anderson.</p>
TB/23/131	<p>Minutes of the Previous Public Meeting held 25th July 2023 (Paper C)</p> <p>The minutes were approved by the Board as an accurate record of proceedings.</p> <p>Resolved: The minutes were approved by the Board.</p>
TB/23/132	<p>Matters Arising (Paper D)</p> <p>Action 967: Risk 83 had been re-written. Action now closed.</p> <p>Actions 969 and 970: both in progress – taken to EMB in September. Actions now closed.</p> <p>Resolved: The matters arising were approved by the Board.</p>
TB/23/133	<p>Chair’s Report (Paper E)</p> <p>The Chair presented the report which included reference to transitional activities undertaken in the period up to the Chair’s formal appointment on 3 September 2023 with a report from the former Chair, Cathy Ellis, being provided at Appendix A. The Chair highlighted the update to NED and Chair roles and responsibilities and thanked Alexander Carpenter for stepping into the Wellbeing Guardian role.</p> <p>Resolved: The Board received this report and approved the changes to NED roles and responsibilities.</p>
TB/23/134	<p>Chief Executive’s Report (Paper F)</p> <p>Angela Hillery (AH) presented the report which provided an update on current local issues and national policy developments since the last Trust Board meeting. The update included detail around:</p> <ul style="list-style-type: none"> • the consultant and junior doctor strike action which continued to be a challenge for the whole NHS; • the Lucy Letby statutory inquiry that has impacted all in the NHS with emerging findings being published in due course; • the annual general meeting which took place on 11 September 2023 was executed extremely well – thanks were offered to Kamy Basra and her team; • a special ceremony to celebrate LPT’s internationally educated nurses; • attendance at the Asian Professionals National Alliance (APNA) NHS Awards and Conference by Crishni Waring, Angela Hillery and Faisal Hussain where LPT made the shortlist for the work undertaken as part of the Leicestershire Partnership and Northamptonshire Healthcare Group, for promoting the EDI (Equality, Diversity and Inclusion) agenda – Faisal Hussain passed on an award on behalf of the Board for the Group work on TAR (Together Against Racism) which Sarah Willis will make

	<p>arrangements to display and share within the Group;</p> <ul style="list-style-type: none"> the trust hosted a visit from Professor Nina Morgan, Regional Chief Nurse, NHSE - AH thanked staff/services who supported this visit. <p>Resolved: The Board received this report for information.</p>
TB/23/135	<p>Audit and Risk Committee Highlight Report 8 September 2023 (Paper G)</p> <p>Hetal Parmar presented this highlight report confirming the high level of assurance across all areas. Ruth Marchington asked if there was a particular issue which led to the waiting list management audit being replaced and Crishni Waring asked why there had been a change to the 8-year rolling average factor. Hetal Parmar and Sharon Murphy explained an internal group was already looking at waiting list management and the Trust's external auditors were now not comfortable with the 8-year rolling average approach and were currently looking at what is appropriate to use for the 2023/24 accounts.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/136	<p>Organisational Risk Register (Paper H)</p> <p>Kate Dyer introduced this paper and confirmed there are currently 21 risks on the ORR of which 11 have a high current risk score. High profile risks were summarised by strategic objectives. The paper also contained changes in August and September 2023. It was noted that the risk of Reinforced Autoclaved Aerated Concrete (RAAC) had been evaluated and as there was no known presence of RAAC on the LPT owned or occupied estate, no risk had been identified for escalation. There were ongoing discussions around the threats and opportunities posed by using Artificial Intelligence (AI) – reference to the risk regarding cyber had been included on Risk 79 with no separate risk regarding AI currently being required. The wording for Risk 83 had been changed to reflect two elements; access to, and the use of technology – this had been subject to a deep dive discussion at Strategic Executive Board (SEB) in September 2023.</p> <p>Josie Spencer queried the support available with regard to Risk 91 (timely diagnosis and treatment for neurodevelopmental conditions, specifically autism and autism spectrum disorder). Helen Thompson commented that LPT was very connected - there was an overarching ICS Group where project leads were in attendance and the LLR ICB Medical Director was owning some of the quicker wins and longer-term solutions - LPT was linking in with the Learning Disabilities and Autism agenda, so that Special Educational Needs and Disabilities (SEND) and Neurodevelopmental Conditions (ND) are alongside each other and work was ongoing to shape the pilot for the SEND App.</p> <p>Liz Anderson enquired how Risk 91 linked to Risk 84 and how the Trust managed in terms of vacancies for staff. Helen Thompson confirmed the service had recruited up to funded establishment, but the challenge was around funding being inadequate to cope with the increase in demand.</p> <p>Alexander Carpenter was concerned that Risk 79 (artificial intelligence) did not sufficiently capture emerging trends to reflect back into Trust plans.</p> <p>Saqib Muhammad advised that he and Sharon Murphy had been invited to a cyber conference at NHS England which would give an opportunity to understand current threats locally and regionally. Discussion then followed on AI being considered as part of the/ any? new recruitment system being procured and reviewing the AI risk from an innovation perspective as well as</p>

	<p>something to consider in the planning cycle. Kate Dyer emphasised that this risk is linked with everything.</p> <p>Risk 93 (lack of emergency preparedness results in major service failure) – Crishni Waring queried the timeliness of adding this new risk. Jean Knight confirmed it was added at the time of her joining the Trust as she had identified there wasn't a risk around this.</p> <p>Kate Dyer advised the next Board Development Workshop on 24 October 2023 would focus the ORR into its component parts. The ORR in its current format was recognised by the CQC as a strong risk oversight tool and the workshop would be about strengthening and redefining the ORR. Crishni Waring commented this was an opportunity to refine the ORR and demonstrate continuous improvement.</p> <p>Resolved: The Board received this report for assurance.</p>
TB/23/137	<p>Documents Signed Under Seal - Quarter 1 (Paper I)</p> <p>Kate Dyer confirmed there have been no documents signed under seal during Quarter 1 2023-24 from 1 April to 30 June 2023.</p> <p>Resolved: The Board received this report for information.</p>
TB/23/138	<p>Level 1 Committee Annual Effectiveness Reviews 2022-23 (Paper J)</p> <p>Kate Dyer presented this paper which provided a summary of the effectiveness of the Level 1 Board sub-committees; all of which indicated green (high) assurance. Key points highlighted were:-</p> <ul style="list-style-type: none"> • from 1 April 2023, 360 Assurance will be introducing a new category of assurance to include 'moderate' which means there will now be five categories of rating for audit reports; no assurance, limited, moderate, significant and full assurance. • from 1 April 2023, Committees will have strengthened oversight of the status of policies within their remit; • following revision to the Executive Management Board (EMB), escalations from Level 1 committee highlight reports will be shared prior to presentation to Trust Board. <p>As part of the annual reviews, ToR and Workplans are always considered – it was noted a number of items had changed so a further update was required.</p> <p>Action: it was agreed to bring the updates to the next Public Trust Board meeting, clearly highlighting where changes had been made.</p> <p>Resolved: The Board received this report for assurance and acknowledged the improvement priorities identified for 2023-24, noting an update to the Audit and Risk Committee ToR would be received at the next meeting.</p>
TB/23/139	<p>Trust Board Meeting Dates 2024-25 (Paper K)</p> <p>Kate Dyer presented the paper containing the proposed Trust Board meeting dates for 2024-25.</p> <p>Resolved: The dates were approved by the Trust Board.</p>
TB/23/140	<p>Fit and Proper Person Requirement (FPPR) for Directors Annual Self Declaration (Paper L)</p> <p>Sarah Willis confirmed that HR maintain the Trust's register to support compliance against the Fit and Proper Person Test. As part of an annual cycle, Directors in post? prior to the September 2023 Trust Board meeting were asked to update their compliance by a further self-declaration - no issues had been revealed.</p>

	<p>Action: It was requested that the new FPPT requirements be included on the 2024 development workplan. Crishni Waring agreed the need for Board to understand these changes further and asked for a brief update at the next Board Development with further detail in a follow-up development session.</p> <p>Resolved: The Board approved the 2022-23 position that the trust has discharged its requirement to meet Fit and Proper Person requirements for its Directors.</p>
TB/23/141	<p>Service Presentation – DMH – Better Mental Health for All VCS Partnership Working (verbal)</p> <p>Rob Melling, Rehana Sidat, Richard Kotulecki and Louise O’Reilly attended for this presentation. The presentation ‘Better Mental Health for All VCS Partnership Network’ described transforming mental health and wellbeing and tackling health inequalities through shared values, purpose and priorities. The voluntary sector led network emerged from the public consultation ‘Step up to Great Mental Health’ at the beginning of 2022 and now has 100 members. It was officially launched in September 2022 and continues to meet to discuss priorities. VCS Network members represent their sector on the four collaborative Boards – Rutland, Leicester City, Leicestershire and a combined Leicester, Leicestershire and Rutland Board.</p> <p>Rehana Sidat and Richard Kotulecki representing the sector at the Leicester City Collaborative Board explained why they got involved and their thoughts on next steps.</p> <p>Rehana Sidat confirmed next steps are to continue to be open, honest and transparent and to ensure that trust is not broken by regularly consulting and reviewing how the network operates and adapts to meet needs; to strengthen existing relationships with current partners and actively engage with the sector to expand membership ensuring that health inequalities remain a priority for the network; and working together to find solutions to address health disparities.</p> <p>Richard Kotulecki agreed confirming next steps were to develop deeper levels of collaboration rather than competition and promoting cultural exchanges (eg secondments/placements).</p> <p>Rob Melling explained the local impact in supporting the reduction of avoidable inequalities and better ways to access support; hearing voices that need to be ‘heard’. The large number of contacts with services and potential cost savings were detailed. Case studies would be circulated to board members by Rob Melling outside of the meeting for information.</p> <p>Sam Leak and Tanya Hibbert confirmed they would reach out to the network to support strengthening partnership working. It was noted there was an open invitation for Board members to connect and engage with the network. It was also noted that voluntary sector partners were leading the way with more than 20 events across LLR for the upcoming World Mental Health Day being held on 10 October 2023.</p> <p>The Chair thanked colleagues for their presentation which had made some powerful points about opportunities for partnership working.</p>
TB/23/142	<p>Social Value Charter (Paper M)</p> <p>David Williams (DW) explained the approach the Trust was taking and how our social value priorities had been informed, the current progress and next steps. It was noted the Social Value offer will:-</p> <ul style="list-style-type: none"> • enable us to achieve additional environmental, economic and social benefits within our communities;

	<ul style="list-style-type: none"> • help build capabilities, strengths and assets - enabling people to live a 'valued and dignified life'; • be an enabler for the growth of 'Social Innovation', helping reduce avoidable inequalities; • ensure compliance with the Public Services (Social Value) Act (2013) which sets a requirement of the public sector to use our purchasing power to build capabilities, strengths and assets within our communities, ensuring our organisations are great places to live and work. • focus on the key areas of organisational resilience, economic inequality, climate change, economic opportunity and volunteering. <p>David Williams explained how some good examples had been presented this morning on the benefits of cross sector system working.. It was confirmed this work would tie in with the work around anchor institutions, and the suggestion that delivery of Social Value is reported on in the annual report was supported. Liz Anderson commented that the student workforce is key and highlighted the benefits of connecting with them to help secure them as future employees.</p> <p>Resolved: The Board approved the proposed Social Value Charter and agreed to support and champion the delivery of Social Value across our organisations with partners.</p>
TB/23/143	<p>Joint Working Group (JWG) Highlight Report (Paper N)</p> <p>Kate Dyer introduced this report confirming that the Group have approved the co-chairing arrangement between LPT and NHFT Deputy Chairs and that the LPT PMO Team would facilitate and administer the JWG moving forward. All eight workstreams would be reviewed and refreshed for discussion at the next meeting to include the addition of a ninth workstream entitled Provider Collaborative Innovation (subject to respective Trust Board approval). It was confirmed that improvement priorities for the effectiveness of the JWG had been identified for 2023/24.</p> <p>Resolved: The Board received and approved the report</p>
TB/23/144	<p>Quality and Safety Committee Highlight Report 29 August 2023 (Paper O)</p> <p>Josie Spencer presented this report highlighting a mixture of assurance with one area of low assurance which was around concerns about the implications of the ongoing workforce matters. Issues raised included medication incidents, skill mix and competencies, mental health observations and pressure ulcer care. It was confirmed that improvement plans were being worked on across the group model.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/145	<p>CQC Update Including Registration (Paper P)</p> <p>Anne Scott introduced this report which provided assurance on our compliance with the Care Quality Commission (CQC) fundamental standards and an overview of current inspection activities. The Trust continued to prioritise quality improvement, patient care and compliance with the CQC fundamental standards in all care delivery. Further details were contained within the report.</p> <p>Resolved: The Board received the report for information.</p>
TB/23/146	<p>Safe Staffing Monthly Report June & July 2023 (Paper Q)</p> <p>Anne Scott presented these reports which provided a full overview of nursing</p>

	<p>safe staffing during the months of June and July 2023, including a summary of new staffing, areas to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained. This report triangulated workforce metrics; fill rates, care hours per patient day (CHPPD), quality and outcomes linked to nurse sensitive indicators (NSIs) and patient experience feedback. Salient points highlighted included the temporary worker utilisation rate which had decreased this month by 0.62% reported at 44.01% overall and Trust wide agency usage which had slightly decreased this month by 1.07% to 20.70% overall; in June 2023 agency usage increased (above 6%) to meet safe staffing levels which equated to 84.8% of inpatient wards and units. The key high-level themes were reported as being linked to deteriorating patients, mental health observations and pressure ulcer risk assessment and prevention, with specific Trust groups working on improvement plans and new group collaboratives established with NHFT. Basic Life Support compliance for bank staff was being taken through Training, Education and Development Group (TED) and Centralised Staffing Solutions (CSS) to improve compliance and mitigations proposed to restrict temporary workers not in date with clinical mandatory training. This would be managed through a phased approach and risk assessed to ensure there is no significant impact operationally. An SBAR (Situation, Background, Actions, Recommendations) will be presented to the Strategic Executive Board and will include the impact of this approach. Staffing levels remained a challenge but robust plans were in place to support the risk.</p> <p>Some intensive focus would take place at Executive Management Board around Immediate Life Support (ILS) and Basic Life Support (BLS) compliance/training percentage (Sarah Willis clarified the substantive training compliance for ILS and BLS was above 80%, it is the bank staff that are the area of challenge).</p> <p>For the purposes of accuracy an amendment was noted to the July mandatory training figure for ILS for substantive staff; this should read 84.9% rather than 51.7%.</p> <p>Resolved: The Board received these reports for assurance.</p>
TB/23/147	<p>Six Month Safe and Effective Staffing Review (Paper R)</p> <p>This report presented by Anne Scott provided a six-month overview of nursing safe staffing including right staff, right skills, right place; establishment reviews, workforce planning, new and developing roles and recruitment and retention in line with NHS Improvement (NHSI) 'Developing Workforce Safeguards Policy'. A summary of issues and the details around staff usage within Directorates was contained within the report. No questions were received.</p> <p>Resolved: The Board received the report for assurance.</p>
TB/23/148	<p>Patient Safety Incident and Serious Incident Learning Assurance Report (Paper S)</p> <p>Anne Scott presented this report for July and August 2023 which provided assurance on LPT's incident management and Duty of Candour compliance processes - these processes review systems of control which continue to be robust, effective, and reliable underlining our commitment to the continuous improvement of keeping patients and staff safe by incident and harm reduction. The report also provides assurance on 'Being Open', numbers of serious incident (SI) investigations, themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and</p>

	<p>associated lessons learned. Teams are working together to continuously improve the review and triangulation of incidents with other sources of quality data and further detail on this is contained within the report. Key points of note were highlighted as:-</p> <ul style="list-style-type: none"> • World Patient Safety Day on 17 September 2023 – theme was ‘engaging patients for patient safety’. This had been designed to show world solidarity and amplify the role that patients and their families play in their safety and this year partners came together across the ICB to meet with patients to hear what made them feel safe when receiving healthcare; • Patient Safety Strategy was progressing well with two patient safety partner roles being recruited to; • Patient safety training – national training modules and our internal human factors skills and knowledge training will support delivery of change across the organisation. • Patient Safety Incident Response Framework (PSIRF) – this has now been through internal governance process and submitted to LLR ICS system quality group for final sign off; • Challenges continued with investigation compliance timescales; • LPT continues to be well represented on the Safety Incident Response Accreditation Network (SIRAN) committee; • Appendix 1 contained data and overall position on incidents with no significant changes in Category 3 or Category 4 incidents although there had been an increase from July 2023 to August 2023 and improvement work was ongoing; • The increase in number of falls was attributed to a small number of patients; • Deteriorating patient work was progressing well. <p>Faisal Hussain asked if the Medicine Safety Officer was a new role – this was confirmed by Anne Scott who explained the role will work alongside and support pharmaceutical areas around, for example, medication errors.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/149	<p>Learning for Deaths Quarter 1 Report (Paper T)</p> <p>Saquib Muhammad presented this report for assurance around the Learning from Deaths (LfD), Child Death Overview Panel (CDOP), Learning Disabilities Mortality Review (LeDeR), and Serious Incident (SI) processes in adherence to the National Quality Board (NQB) guidance on Learning from Deaths (2017). This report presents data from April to June 2023 (Quarter 1) as well as learning from Q1 and previous quarters not already reported, at Leicestershire Partnership Trust (LPT). The deaths within scope for mortality review are those where, at the time of death the patient was subject to any inpatient setting – including community hospitals, Community Health Services (CHS) and anyone discharged from a community hospital within 30 days where known. It does not include any deaths where LPT is not classed as the main provider. The Board was asked to consider the content of this paper in alignment with the Learning from Deaths policy. The Board was also asked to recognise the continued progress being made in the LfD process at LPT.</p> <p>Faisal Hussain acknowledged the good progress on the demographic information but queried the quality of data at service level. Saquib Muhammad advised that although service level recording was getting better, it was a slower process than anticipated. In response to Josie Spencer’s question about the percentage of deaths reviewed being sustainable, Saquib Muhammad stated that the percentages fluctuate but it was hoped this level</p>

	<p>could be sustained.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/150	<p>Carer Experience and Involvement (PCEI) Quarterly Report including Complaints, Quarter 1 (Paper U)</p> <p>Anne Scott presented this report which provided an overview and update of the various aspects of the Patient Experience and Involvement team's work. It also provided an overview and update on Complaints activity for Quarter 1. All aspects of experience, good and less positive are included and where poor experience is reported, actions are taken to ensure improvements are made. Themes and trends were summarised, all risks and mitigations were set out within the key concerns section.</p> <p>Josie Spencer commented it was good to see the number of complaints being captured and considered the Talk and Listen Group (a group of adults with learning disabilities that meet monthly to conduct various group work looking to improve services) a great initiative – she would connect with Anne Scott to arrange a drop in on one of those sessions.</p> <p>The Chair extended congratulations on behalf of the Board to the Patient Experience and Involvement Team for winning an award at last week's Celebrating Excellence Awards.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/151	<p>Complaints Annual Report (Paper V)</p> <p>Anne Scott introduced this report and confirmed that in 2022-23, the Trust received 2,133 individual pieces of feedback in relation to complaints, concerns, enquiries, comments, and compliments, which was a 22% increase on the previous year - graphics within the report contained more detail. The top three concerns, enquiries and comments received were in the Communication, Patient Care and Appointments categories whilst the top three compliments received were in the Compliments, Patient Care and Values and Behaviours (Staff) categories. The focus of the Complaints Team for 2023-24 will be to continue to improve the quality of complaint investigations and responses and use feedback to continuously learn and improve the complaints' function.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/152	<p>People and Culture Committee Highlight Report 29 August 2023 (Paper W)</p> <p>Ruth Marchington highlighted the low assurance around recruitment and retention and increase in risk scoring for Risk 84; improvement programmes were in place to address. Whilst there were concerns in areas of performance it was helpful to note the level of assurance around improvement plans. The importance of a consistent reporting approach from each Committee was highlighted by Crishni Waring and Kate Dyer would ensure a consistent approach moving forward.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/153	<p>People Plan 6 Month Update (Paper X)</p> <p>This update was presented by Sarah Willis and identified our People Plan and</p>

	<p>priority objectives. A video was shown which explained how staff feedback had been turned into action and aligned to the People Promise since the last staff survey. Steps to achieve this include regular inclusive events run by diverse staff support networks; the re-launch of ‘zero tolerance to abuse’ campaign and over 80 change leaders attending the re-launch of Our Future Our Way programme . This year’s staff survey will run from 25 September to 24 November. A process was in place to launch and design outputs from programmes of work relating to these priorities.</p> <p>Resolved: The Board received this report for information.</p>
TB/23/154	<p>Annual Equality Report</p> <ul style="list-style-type: none"> WRES Metrics Report 2022-23 and Action Plan 2022-24 (Paper Y) Sarah Willis confirmed the three metric reports (Papers Y, Z, AA) had followed governance processes and all actions had been co-designed through staff networks and workforce groups. The Task & Finish group set up to look at reasonable adjustments for staff with disabilities had been involved and there had been specific action taken around the issue of bank staff’s increased likelihood of being subject to disciplinary proceedings. Alexander Carpenter asked how the outcomes and measures are mapped with reference to the Together Against Racism work to evidence that tangible progress was being made. It was confirmed that the People & Culture Committee had already asked for actions to be mapped against the KPIs and WRES/WDES – and improvements would be seen in those metrics. <p>Faisal Hussain suggested a counter check on the area of staff being fearful to speak up as he was receiving difference messages during his boardwalks.</p> <p>Resolved: The Board approved the WRES report and action plan for publication on the Trust’s public website by 31 October 2023.</p> <ul style="list-style-type: none"> WDES Metrics Report 2022-23 and Action Plan 2022-24 (Paper Z) <p>Resolved: The Board approved the WDES report and action plan for publication on the Trust’s public website by 31 October 2023.</p> <ul style="list-style-type: none"> Bank WRES Metrics Report 2022-23 (Paper AA) <p>Resolved: The Board received this report for information.</p>
TB/23/155	<p>Finance and Performance Committee Highlight Report 29 August 2023 (Paper BB)</p> <p>Alexander Carpenter presented this report and confirmed there were no areas of low assurance. Of note was the Finance Report received by FPC where the estates position was significantly overspent but it was noted that work was actively underway to look at a recovery plan. There was positive spend performance from directorates and an improving position around agency spend. Follow-up work on the financial viability of the Beacon Unit would be presented at the next FPC meeting.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/156	<p>Finance Monthly Report – Month 5 (Paper CC)</p> <p>Sharon Murphy advised the Board of the overall performance against targets; a net income and expenditure deficit (overspend) of £766k which was an adverse variance of £26k compared to the year-to-date August plan which is</p>

	<p>a deficit of £740k. Within the overall month 5 position, net operational budgets reported a £1,395k overspend. The Estates position is overspent by £2,072k. All other directorates are underspending - DMH services are underspending by £434k, LD services by £145k, Enabling services by £40k, FYPC services by £33k, Hosted services by £23k and CHS services by £2k. Central reserves reported a temporary favourable variance of £1,369k which largely offsets the net directorate overspend leaving the residual £26k variance for the Trust as a whole. Closing cash for August stood at £32.2m. This equated to 30.9 days' operating costs.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/157	<p>Performance Report – Month 5 (Paper DD)</p> <p>This report, presented by Sharon Murphy, provided the Trust's performance against Key Performance Indicators (KPIs) for August 2023, Month 5. It was noted that the Clinical Supervision performance metric indicated an improvement in SPC assurance analysis, and the metric would now either achieve or miss the target due to random variation - the exception page for this metric will be removed next month. The Agency Costs exception page has been added back into the report at the request of Executive Management Board (EMB) to allow for exceptional monitoring outside of the standard SPC rules for generating an exception page.</p> <p>Resolved: The Board approved this report.</p>
TB/23/158	<p>Review of risk – any further risks as a result of board discussion?</p> <p>No further risks were identified as a result of the discussions in today's meeting.</p>
TB/23/159	<p>Any other urgent business</p> <p>Angela Hillery acknowledged this as Saquib Muhammad's last public board meeting and thanked him for his incredible support in the Acting Medical Director position.</p> <p>No other business was raised.</p>
TB/23/160	<p>Papers/updates not received in line with the work plan:</p> <p>Safeguarding Annual Report – <i>deferred to next meeting</i></p>
TB/23/161	<p>Public questions on agenda items</p> <p>No public questions were received.</p>
<p>Close – date of next public meeting: 28th November 2023</p>	